

SAVINGS BOND ALLOTMENT AUTHORIZATION / ACTIVE DUTY OR RETIRED PAY*(Complete a separate form for each bond action.)***Privacy Act Statement****AUTHORITY:** 37 U.S.C. 101 et seq; E.O. 9397, November 1943 (SSN).**PRINCIPAL PURPOSES:** To permit starts, changes, or stops to bond allotments. To maintain a record of bond allotments and ensure starts, changes, and stops are in keeping with member's desires.**ROUTINE USES:** Information may be disclosed to Congress; allottees; Secret Service; General Accounting Office; Federal, State, and local courts; U.S. Treasury; and to the Department of Justice in some cases for criminal prosecution, civil litigation, or investigative purposes.**DISCLOSURE:** Voluntary; however, failure to provide the requested information as well as the SSN may result in the member not being able to start, change, or stop bond allotments. The furnishing of SSNs is required by the regulations governing savings bonds, Department of Treasury Circular, Public Debt Series No. 3-80 (31 CFR 353). The numbers are used to maintain ownership records of the bonds. Other information requested by this form is also required under the above regulations to establish the rights, authority and/or entitlement of the signers. Failure to furnish any of the required information may prevent completion of the transaction.**PART A. TO BE COMPLETED BY ALLOTTER**

1. ALLOTTER'S NAME (Last, First, Middle Initial)				2. SOCIAL SECURITY NO.		3. GRADE (AD only)																																					
4. ALLOTMENT ACTION (X one)			5. EFFECTIVE DATE (YYMM)	6. AMOUNT TO BE ALLOTTED EACH MONTH \$		7. NUMBER OF MONTHS																																					
<input type="checkbox"/> a. Start	<input type="checkbox"/> b. Stop	<input type="checkbox"/> c. Change																																									
8. BOND DENOMINATION (X one)				10. OWNERSHIP CODES (X one)																																							
<input type="checkbox"/> a. \$100				<table border="1"><thead><tr><th></th><th>Owner</th><th>Co-Owner</th><th>Beneficiary</th></tr></thead><tbody><tr><td><input type="checkbox"/> 1</td><td>Allotter</td><td>Nonallotter</td><td>None</td></tr><tr><td><input type="checkbox"/> 2</td><td>Allotter</td><td>None</td><td>Nonallotter</td></tr><tr><td><input type="checkbox"/> 3</td><td>Allotter</td><td>None</td><td>None</td></tr><tr><td><input type="checkbox"/> 4</td><td>Nonallotter</td><td>Allotter</td><td>None</td></tr><tr><td><input type="checkbox"/> 5</td><td>Nonallotter</td><td>None</td><td>Allotter</td></tr><tr><td><input type="checkbox"/> 6</td><td>Nonallotter</td><td>Nonallotter</td><td>None</td></tr><tr><td><input type="checkbox"/> 7</td><td>Nonallotter</td><td>None</td><td>Nonallotter</td></tr><tr><td><input type="checkbox"/> 8</td><td>Nonallotter</td><td>None</td><td>None</td></tr></tbody></table>					Owner	Co-Owner	Beneficiary	<input type="checkbox"/> 1	Allotter	Nonallotter	None	<input type="checkbox"/> 2	Allotter	None	Nonallotter	<input type="checkbox"/> 3	Allotter	None	None	<input type="checkbox"/> 4	Nonallotter	Allotter	None	<input type="checkbox"/> 5	Nonallotter	None	Allotter	<input type="checkbox"/> 6	Nonallotter	Nonallotter	None	<input type="checkbox"/> 7	Nonallotter	None	Nonallotter	<input type="checkbox"/> 8	Nonallotter	None	None
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<input type="checkbox"/> A Owner		<input type="checkbox"/> B Co-Owner / Beneficiary																																									
<input type="checkbox"/> C Third Party		<input type="checkbox"/> D Hold in Safekeeping (Only for Active Duty Bond Owners)																																									

PART B. BOND INSCRIPTION INFORMATION

11. BOND OWNER					
a. Name (First, Middle Initial, Last)				b. Social Security No.	
12. (X one if applicable)		CO-OWNER	BENEFICIARY		
a. Name (First, Middle Initial, Last)				b. Social Security No.	
13. THIRD PARTY (If bond is mailed to a third party)					
a. Name (First, Middle Initial, Last)			b. Mailing Address (Street, Unit, etc.)		
c. City	d. State	e. ZIP Code	f. Foreign City, Province, Country		g. Country Code
14. I hereby authorize the foregoing allotment from my pay with the understanding that U.S. Savings Bonds will be issued as requested. This authorization is to remain in effect until cancelled by me in writing.					
a. Signature of Allotter				b. Date (YYMMDD)	

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